

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535503

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8	1						
9							
10							
11							
12							
13	1						
14							
15							
16	1						
17							
18							
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26							
27	1						
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48							
49							
50							
TOTAL IND.	5						
TOTAL DEP.	23						
TOTAL CLAIMS	28						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							